

ROUTING SLIP FOR INVOICES

DATE October 26, 2017

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE September 2017

TO Trusclair

INITIAL REVIEW CR

DATE 11-8-17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 CR

DATE 11/8/17

POSTED TO SPREADSHEET _____

SENT TO FISCAL 11-9-2017 EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

- 11-3 - Added invoice for Maintenance - Lawn service - \$350.00
11-8 - Disallowed \$1200.00 for Crossroad Pregnancy Resource Center, not included in approved budget. Will process when amendment is received and approved



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfs.la.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

November 8, 2017

MEMORANDUM

**TO: OM&F Fiscal
Contract Payments**

**FROM: Dora Thomas
Program Manager**

**RE: Invoice for payment
PO #2000234086
Family Values**

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.

DT/ct

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES Cost Reimbursement Invoice Form

SEPTEMBER 2017

Service Period

2000234086

Contract/CFMS#

SEPTEMBER 2017 - 234086-0917

Invoice Number

Family Values Resource Institute, Inc

Contractor Name

7515 Scenic Highway

Mailing Address

Baton Rouge, LA 70807

City, State, Zip

- Barbara Thomas / 225-359-9001

Contact Person/Telephone Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.96	\$28,749.99	\$43,124.95	\$129,375.05	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$2,729.77	\$3,829.45	\$18,405.80	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	\$2,968.34	\$7,703.96	\$10,672.30	\$41,892.45	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$9,302.87	\$13,612.59	\$50,287.41	
OTHER CHARGES	\$216,000.00	\$13,400.00	\$27,400.00	\$40,800.00	\$175,200.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$36,152.70	\$75,886.59	\$112,039.29	\$417,160.71	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Signature of Authorized Contractor Representative and Title

Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	<p>I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.</p> <p>Signature and Title of Authorized DCFS Official</p> <p>Date</p>				

Charlene Robertson"Trusclair"

From: Charlene Robertson"Trusclair"
Sent: Thursday, November 09, 2017 11:06 AM
To: 'Barbara J Thomas'
Subject: Family Values September 2017 Invoice
Attachments: image2017-11-09-110022.zip

Good morning,

Attached is a copy of your revised September 2017 Invoice. Below are the changes that were made to the invoice:

- Maintenance – Invoice for September Lawn Services, \$350, was added to this invoice
- Disallowed \$1200.00 for Crossroad Pregnancy Resources Center; Please submit a supplement invoice for this subcontractor; The supplemental invoice will be processed once the amendment is approved.

Please contact me if you have any questions.

Thank you,

Charlene R. Trusclair

Program Specialist – ES

Dept. of Children and Family Services

327 North 4th Street, 5-300-24

Baton Rouge, LA 70802

225.342.5004

Charlene.robertson.dcf@la.gov

DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion

CONTRACTOR: Family Values Resource
Institute, Inc.

CFMS: 2000234086

ADDRESS: 7515 Scenic Hwy.

Rep. Cat. 5071
Org. 4274

Baton Rouge, La. 70807

**MONTH AND YEAR OF
SERVICE:**

**SEPTEMBER
2017**

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REIMBURSEMENT: Personnel Services

Director	\$ 3,750.00
Adm.	\$ 2,333.34
Specialist	\$ 2,083.32
Finance Coordinator	\$ 2,041.66
Entry Specialist	\$ 2,083.32
Phys. Coord./Care Provider	\$ 2,083.32
	\$ 1,099.68
SUBTOTAL	\$ 15,474.64
	\$ 1,200.00
	\$ 230.63
	\$ 0.00
	\$ 196.90
	\$ 0.00
	\$ 12.75
	\$ 0.00
	\$ 0.00
	\$ 250.00
	\$ 75.00
	\$ 0.00
	\$ 2,609.72
	\$ 13,400.00
	\$ 800.00
	\$ 900.00
	\$ 0.00
	\$ 222.81
	\$ 567.75
Payroll Transaction Fees	\$ 212.50

\$20,078.06 Pr
19,828.06 CT

Salaries
3,750.00 +
2,333.34 +
2,083.32 +
2,041.66 +
2,083.32 +
2,083.32 +
14,374.96 +
14,374.96 +
1,099.68 +
15,474.64 +
286.88 +
178.50 +
159.37 +
156.19 +
150.37 +

006

002

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

FOR DSS USE ONLY	
INVOICE # _____	_____
Reviewed and Approved: _____	_____
DCFS Contract Services Representative Signature _____	Date _____

3,750.00 +
2,333.34 +
2,083.32 +
2,041.66 +
2,083.32 +
2,083.32 +
1,099.68 +
1,200.00 +
230.63 +
196.90 +
12.75 +
250.00 +
75.00 +
2,609.72 +
12,200.00 +
800.00 +
900.00 +
222.81 +
917.75 +
212.50 +

Family Value Resource Institute, Inc.	FY 18 Budgeted	Expenditure	Remaining	July-17 Supp	Aug-17 Supp	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Personnel											
Project Director, Barbara Thomas 80%	45,000.00	11,250.00	33,750.00	0.00	3,750.00	0.00	0.00	0.00	0.00	0.00	0.00
Project Administrator, Michael Ferris 80%	28,000.00	7,000.02	20,999.98	0.00	2,333.34	0.00	0.00	0.00	0.00	0.00	0.00
Education Specialist, Allison Davis 100%	25,000.00	6,249.97	18,750.03	0.00	2,083.32	0.00	0.00	0.00	0.00	0.00	0.00
Compliance Officer, Neil Thomas / Taishe Davis 70%	25,000.00	6,124.99	18,875.01	0.00	2,041.66	0.00	0.00	0.00	0.00	0.00	0.00
Data Entry Specialist, Patricia Brown 100%	25,000.00	6,249.98	18,750.02	0.00	2,083.33	0.00	0.00	0.00	0.00	0.00	0.00
Client Services Coordinator, Shirley Walker 100%	25,000.00	6,249.98	18,750.02	0.00	2,083.33	0.00	0.00	0.00	0.00	0.00	0.00
Total Salary	172,000.00	43,124.94	128,875.06	0.00	10,999.68	0.00	0.00	0.00	0.00	0.00	0.00
Relatives											
Project Director, Barbara Thomas 80%	5,800.50	948.83	4,851.67	0.00	375.07	0.00	0.00	0.00	0.00	0.00	0.00
Project Administrator, Michael Ferris 80%	3,609.20	623.90	2,985.30	0.00	266.50	0.00	0.00	0.00	0.00	0.00	0.00
Education Specialist, 100%	3,222.50	566.51	2,655.99	0.00	247.77	0.00	0.00	0.00	0.00	0.00	0.00
Compliance Officer, Chanel Thomas / Taishe Davis 70%	3,156.05	556.96	2,600.09	0.00	244.58	0.00	0.00	0.00	0.00	0.00	0.00
Data Entry Specialist, Patricia Brown 100%	3,222.50	566.51	2,655.99	0.00	247.77	0.00	0.00	0.00	0.00	0.00	0.00
Client Services Coordinator, Shirley Walker 100%	3,222.50	566.51	2,655.99	0.00	247.77	0.00	0.00	0.00	0.00	0.00	0.00
Total Fringes	22,335.25	3,633.32	18,701.93	0.00	1,593.37	0.00	0.00	0.00	0.00	0.00	0.00
Travel Expenses											
Conference Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Routine Travel	600.00	0.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	400.00	0.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Services											
Building Rent	14,400.00	3,600.00	10,800.00	0.00	1,200.00	0.00	0.00	0.00	0.00	0.00	0.00
Utilities	1,500.00	772.01	727.99	0.00	256.93	0.00	0.00	0.00	0.00	0.00	0.00
Telephone	3,000.00	750.00	2,250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance	10,284.00	2,431.75	7,852.25	0.00	757.00	0.00	0.00	0.00	0.00	0.00	0.00
Advertising (Banner signs & other advertising outlets)	3,000.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Printing	1,200.00	377.32	822.68	0.00	244.10	0.00	0.00	0.00	0.00	0.00	0.00
Copier Leases	2,962.80	590.70	1,772.10	0.00	196.90	0.00	0.00	0.00	0.00	0.00	0.00
Postage	963.95	63.90	900.05	0.00	24.65	0.00	0.00	0.00	0.00	0.00	0.00
Office Supplies	3,000.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Service Provider Training	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Internet	900.00	225.00	675.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00
Electronic Payroll Transaction Fees	2,904.00	699.34	1,604.66	0.00	211.94	0.00	0.00	0.00	0.00	0.00	0.00
Liability Insurance	1,300.00	662.28	637.72	0.00	222.81	0.00	0.00	0.00	0.00	0.00	0.00
Online Client Database	8,100.00	500.00	7,600.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Operating	124,444.75	20,672.50	103,772.25	0.00	5,318.34	0.00	0.00	0.00	0.00	0.00	0.00
Professional											
Evaluator	10,800.00	3,500.00	7,300.00	0.00	960.00	0.00	0.00	0.00	0.00	0.00	0.00
Public Relations	9,600.00	1,600.00	8,000.00	0.00	800.00	0.00	0.00	0.00	0.00	0.00	0.00
Auditor	11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Blank	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounting/Bookkeeping Services	32,000.00	8,512.59	23,487.41	0.00	2,609.72	0.00	0.00	0.00	0.00	0.00	0.00
Total Professional	63,900.00	11,612.59	52,287.41	0.00	4,379.72	0.00	0.00	0.00	0.00	0.00	0.00
Equipment (2 laptops)	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Charges											
Subscriptions	216,000.00	39,600.00	176,400.00	0.00	14,200.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Other Charges	216,000.00	39,600.00	176,400.00	0.00	14,200.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	525,200.00	130,890.05	394,309.95	0.00	37,728.42	216.66	0.00	0.00	0.00	0.00	0.00

July fringes original amount submitted

286.67

Workmen's Comp \$530.42/6-\$68.40 per staff

178.50
159.37
156.18
159.37
159.37
1,099.46



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas

Month/Year: Sep-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	15%
Supervise program operations for the Women's Help Center	15%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Total % of Time on Project:	

Sponsored Project: Work Performed	
Worked close with Program Evaluator to implement evaluation pan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	15%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
Total % of Time on Project:	

Sponsored Project:	
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
Total % of Time on Project: 10%	

Barbara Thomas
Employee Signature

10/15/17
Date

Gail Hollins
Approval Signature: Gail Hollins, FVRI Board Vice President

10/15/2017
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: September 2017


Provide a breakdown of your responsibilities for this month. Keep in mind:


1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>	% of Time	
Collect, Review and Approve Subcontractor Reimbursements	40%	
Fielding and Answering Calls and emails from Subcontractors	30%	
Working to bring on 2 new sub-contractors	30%	
		Total % of Time on Project: 100%

Sponsored Project:		Louisiana Alliance For Life - continued
<i>List Major Work Performed</i>	% of Time	
		Total % of Time on Project: 100%

Sponsored Project:		
<i>List Major Work Performed</i>	% of Time	
		Total % of Time on Project:


Employee Signature


Approval Signature

10/10/17
Date

10/10/17
Date

Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Sep-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
<i>List Major Work Performed</i>		% of Time
Organizing, preparing, and facilitation of Compliance Site Visits		35
Communication w/ Sub-Contractors- questions & expectations		10
Compliance Reviews (filling out forms correctly, expectation, documentation, etc)		10
Way Cool Database Compliance & Updates		15
		Total % of Time on Project: 70

Sponsored Project:		Family Values Resource Institute
<i>List Major Work Performed</i>		% of Time
Counseling Clients - Pregnancy Testing & providing referrals as needed		20
STD Testing Inquiries		5
Board Meeting		5
		Total % of Time on Project: 30

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
		Total % of Time on Project:

Talisha Davis
 Employee Signature

10/11/17
 Date

[Signature]
 Approval Signature

10/11/17
 Date

10/10/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Sep-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>	% of Time	
Data Entry - Enter client data into database; Prepare and submit monthly reports	50%	
Receptionist Duties - Answer phone and schedule appointments	25%	
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	20%	
Compliance Visit - Assisted compliance coordinator with center questions regarding data base.	5%	
Total % of Time on Project:		100%

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	


Employee Signature

10-10-17
Date


Approval Signature

10-10-17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Sep-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:

List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	75%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker

Employee Signature

B. Thomas

Approval Signature

10/10/17
Date

10/10/17
Date

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
36 Brown, Patricia A	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	64.58 15.11 97.13 26.00	STD Post-Tax	36.72	Direct Deposit # 6715 Check Amt Chkg 0017 802.12
37 Davis, Allison	LAL Hours			1,041.66		Social Security Medicare LA Income Tax	202.82 64.59 15.11 25.00	STD Post-Tax	36.72	Net Pay Direct Deposit # 6716 Check Amt Chkg 3799 802.12
4 Davis, Talisha	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	104.70 90.42 21.15 76.04 30.00	STD Post-Tax	25.97	Net Pay Direct Deposit # 6717 Check Amt Chkg 0014 910.99
5 Ferris, Michael A	LAL Hours			1,458.33		Social Security Medicare Fed Income Tax LA Income Tax	217.61 90.41 21.15 125.83 46.00	STD Post-Tax	99.29	Net Pay Direct Deposit # 6718 Check Amt Chkg 1002 1,174.95
11 Thomas, Barbara J	LAL Hours			2,083.34		Social Security Medicare Fed Income Tax LA Income Tax	129.17 30.21 194.27 65.00	STD Post-Tax	48.00	Net Pay Direct Deposit # 6720 Check Amt Chkg 0016 1,616.89
12 Walker, Shirley	LAL Hours			2,083.34		Social Security Medicare Fed Income Tax LA Income Tax	416.65 64.58 15.10 116.33 26.00	STD Post-Tax	13.02	Net Pay Direct Deposit # 6721 Check Amt Chkg 2191 1,616.89
100 STAFF BI-WEEKLY TOTALS	LAL Hours		14.00	1,206.73		Social Security Medicare	520.45 121.74	STD Post-Tax	223.00	Check Amt Dir Dep 6,692.92

0060 0060-T846 Family Values Resource Institute Inc
Run Date 09/13/17 01:41 PMPeriod Start - End Date 09/01/17 - 09/15/17
Check Date 09/15/17

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21		Fed Income Tax 614.10 LA Income Tax 222.00 1,478.29		223.00	Net Pay	6,692.92
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp			666.67 1,000.00		Employer Liabilities Social Security 520.44 Medicare 121.71			Deduction 20.10 Direct Deposit # 443 Check Amt 0.00 Chkg 0010 1,646.57	
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	EMPLOYEE TOTAL			1,666.67				20.10	Net Pay	1,646.57
	1099 Misc Comp			1,666.67				20.10	Check Amt	0.00
	300 1099 TOTAL			1,666.67				20.10	Dir Dep	1,646.57
								20.10	Net Pay	1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvt LAL Hours 1099 Misc Comp		14.00	1,206.73 7,187.48		Social Security 520.45 Medicare 121.74 Fed Income Tax 614.10 LA Income Tax 222.00		20.10 223.00	Check Amt Dir Dep	0.00 8,339.49
	COMPANY TOTAL		14.00	8,394.21	1,666.67	Employer Liabilities Social Security 520.44 Medicare 121.71		243.10	Net Pay	8,339.49
						TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.44				

(IC) = Independent Contractor

0060 0060-T846 Family Values Resource Institute Inc
Run Date 09/13/17 01:41 PMPeriod Start - End Date 09/01/17 - 09/15/17
Check Date 09/15/17

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21		Fed Income Tax 614.10 LA Income Tax 222.00 1,478.23		223.00	Net Pay	6,692.98
						Employer Liabilities Social Security 520.44 Medicare 121.71 642.15				
						TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.38				
**** 300 1099 Isaac, Latoshia S (IC) 36	1099 Misc Comp 1099 Misc Comp				361.81 1,304.86		Deduction	20.10	Direct Deposit # 444 Check Amt Chkg 0010	0.00 1,646.57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp 300 1099 TOTAL				1,666.67 1,666.67		Deduction	20.10	Check Amt Dir Dep	0.00 1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1099 Misc Comp COMPANY TOTAL		14.00	2,248.39 6,145.82 8,394.21		Social Security 520.43 Medicare 121.70 Fed Income Tax 614.10 LA Income Tax 222.00 1,478.23	Deduction STD Post-Tax	20.10 223.00	Check Amt Dir Dep	0.00 8,339.55
(IC) = Independent Contractor			14.00	8,394.21	1,666.67	Employer Liabilities Social Security 520.44 Medicare 121.71 642.15 TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.38		243.10	Net Pay	8,339.55

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 11 DD

Project Director

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

2,083.34 +
2,083.34 +
4,166.68 x
90. %
3,750.01 *

3,750.01 x
7.65 %
286.88 *

90%

Stub 1

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17
Check Date: 09/15/17 Check #: 6720

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.69	27620.50
NET PAY	1616.69	27620.50

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Fvri			208.34		3510.05
		LAL Hours			1875.00		31589.93
		Tpp					
		Total Hours			2083.34		35099.98
		Gross Earnings					
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			129.17		2176.20
		Medicare			30.21		508.95
		Fed Income Tax	M 1		194.27		3386.33
		LA Income Tax	S 0 1		65.00		1168.00
		TOTAL			418.65		7239.48
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax			48.00		240.00
		TOTAL			48.00		240.00
NET PAY					THIS PERIOD (\$) 1616.69		YTD (\$) 27620.50

Salary :

Stub 1 2083.34

Stub 2 2083.34
4166.68
x 90%

\$ 3750.00

grant amt

Fringe

3750.00

x 7.65%

\$ 286.88

grant amt.

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 11

DD

Project Director
90%

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Payroll by Paychex, Inc.

Stub 2

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 09/16/17 to 09/30/17
Check Date: 09/29/17 Check #: 6727

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.69	29237.19
NET PAY	1616.69	29237.19

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			208.34		3718.39
LAL Hours			1875.00		33464.93
Tpp					
Total Hours					
Gross Earnings			2083.34		37183.32
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.17	2305.37
Medicare		30.21	539.16
Fed Income Tax	M 1	194.27	3580.60
LA Income Tax	S 0 1	65.00	1233.00
TOTAL		418.65	7658.13

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	288.00
TOTAL	48.00	288.00

See Stub 1 for
calculations

NET PAY

THIS PERIOD (\$)
1616.69

YTD (\$)
29237.19

Project Administrator

800%

0 • C

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

1,458.34 +

1,458.34 +

2,916.68 x

80 • %

2,333.34 *

2,333.34 x

7 • 65 %

178.50 *

Stub1

EMPLOYEE INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17
Check Date: 09/15/17 Check #: 6718

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	20461.24
NET PAY	1174.95	18889.91

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Fvri			291.67	56.00	6576.62
		LAL Hours			<u>1166.67</u>		<u>19138.44</u>
		Total Hours				56.00	
		Gross Earnings			1458.34		25715.06
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			90.41		1594.33
		Medicare			21.15		372.87
		Fed Income Tax	M 0		125.83		2462.62
		LA Income Tax	S 0 0		46.00		824.00
		TOTAL			<u>283.39</u>		<u>5253.82</u>
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		Advance					1571.33
		TOTAL					<u>1571.33</u>
NET PAY					THIS PERIOD (\$)		YTD (\$)
					1174.95		18889.91

Salary

Stub1 1458.34

Stub2 1458.34

2916.68

x 80%

\$2333.34

grant amt

Fringe

2333.34

x 7.65%

\$178.50

grant amt

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 5 DD

Project Administrator
80%

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 09/16/17 to 09/30/17

Check Date: 09/29/17 Check #: 6725

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	21636.19
NET PAY	1174.95	20064.86

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.67	56.00	6868.29
LAL Hours			1166.67		20305.11
Total Hours				56.00	
Gross Earnings			1458.34		27173.40
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	1684.75
Medicare		21.14	394.01
Fed Income Tax	M 0	125.83	2588.45
LA Income Tax	S 0 0	46.00	870.00
TOTAL		283.39	5537.21

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
TOTAL		1571.33

See Stub 1 for
Calculations

NET PAY

THIS PERIOD (\$)
1174.95

YTD (\$)
20064.86

Education Specialist

100%

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

O.C

1,041.66 +
1,041.66 +
2,083.32 x
7.65 %
159.37 *

Stub 1

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17
Check Date: 09/15/17 Check #: 6716

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.99	8778.88
NET PAY	910.99	8778.88

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		9895.76
Total Hours					
Gross Earnings			1041.66		9895.76
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	613.54
Medicare		15.11	143.49
LA Income Tax	S 2 1	25.00	230.00
TOTAL		104.70	987.03

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	129.85
TOTAL	25.97	129.85

NET PAY

THIS PERIOD (\$)
910.99

YTD (\$)
8778.88

Salary

Stub 1 1041.66
Stub 2 1041.66
\$2083.32
↑ grant amt

Fringe

2083.32
x 7.65%
\$ 159.37
↑ grant amt

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTEINC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

Education Specialist

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 09/16/17 to 09/30/17

Check Date: 09/29/17 Check #: 6723

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	9689.89
NET PAY	911.01	9689.89

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		10937.42
Total Hours					
Gross Earnings			1041.66		10937.42
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	678.12
Medicare		15.10	158.59
LA Income Tax	S 2 1	25.00	255.00
TOTAL		104.68	1091.71

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	155.82
TOTAL	25.97	155.82

NET PAY

THIS PERIOD (\$)
911.01

YTD (\$)
9689.89

Payroll by Paychex, Inc

Compliance Coordinator

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

O.C

70%

Stub1

1,458.33 +
1,458.33 +
2,916.66 x
70. %
2,041.66 *
2,041.66 x
7.65 %
156.19 *

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17
Check Date: 09/15/17 Check #: 6717

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.43	18009.84
NET PAY	1141.43	18009.84

Salary

Stub1 1458.33
Stub2 1458.33
2916.66
x 70%
\$2041.66
↑
grant amt

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			437.50		6639.06
	LAL Hours			1020.83		15491.06
	Total Hours					
	Gross Earnings			1458.33		22130.12
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			90.42		1372.07
	Medicare			21.15		320.89
	Fed Income Tax	M 2		76.04		1519.17
	LA Income Tax	M 0 2		30.00		511.00
	TOTAL			217.61		3723.13
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax			99.29		397.15
	TOTAL			99.29		397.15
NET PAY				THIS PERIOD (\$)		YTD (\$)
				1141.43		18009.84

Fringe

2041.66
x 7.65%
\$156.19
↑
grant amt

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 4 DD

Compliance Coordinator

70%

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Talisha Davis					Fvri			437.50		7076.56
3829 North Yosemite Drive					LAL Hours			<u>1020.83</u>		<u>16511.89</u>
Baton Rouge, LA 70814					Total Hours					
Soc Sec #: xxx-xx-xxxx Employee ID: 4					Gross Earnings			1458.33		23588.45
Home Department: 100 Staff Bi-weekly					Total Hrs Worked					
Pay Period: 09/16/17 to 09/30/17			WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Check Date: 09/29/17 Check #: 6724					Social Security			90.41		1462.48
NET PAY ALLOCATIONS					Medicare			21.14		342.03
DESCRIPTION THIS PERIOD (\$) YTD (\$)					Fed Income Tax	M 2		76.04		1595.21
Check Amount 0.00 0.00					LA Income Tax	M 0 2		30.00		541.00
Chkg 0014 1141.45 19151.29					TOTAL			<u>217.59</u>		<u>3940.72</u>
NET PAY 1141.45 19151.29			DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
					STD Post-Tax			99.29		496.44
					TOTAL			<u>99.29</u>		<u>496.44</u>
					<p>See Stub 1 for calculations</p>					
NET PAY							THIS PERIOD (\$)		YTD (\$)	
							1141.45		19151.29	

Payroll by Paychex, Inc

Data Entry Specialist

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

100%

0.0

1,041.66 +
1,041.66 +
2,083.32 x
7.65 %
159.37 *

Stub 1

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17

Check Date: 09/15/17 Check #: 6715

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.12	12912.77
NET PAY	802.12	12912.77

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		16519.69
Total Hours					
Gross Earnings			1041.66		16519.69
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1024.22
Medicare		15.11	239.54
Fed Income Tax	S 1	97.13	1709.55
LA Income Tax	S 0 1	26.00	450.00
TOTAL		202.82	3423.31

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	183.61
TOTAL	36.72	183.61

Salary

Stub 1 1041.66

Stub 2 1041.66

\$ 2083.32

↑
grant
amt

Fringe

2083.32
x 7.65%

\$ 159.37

↑
grant
amt

NET PAY

THIS PERIOD (\$)
802.12

YTD (\$)
12912.77

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry
Specialist

Stub 2

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 09/16/17 to 09/30/17

Check Date: 09/29/17 Check #: 6722

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.13	13714.90
NET PAY	802.13	13714.90

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		17561.35
Total Hours					
Gross Earnings			1041.66		17561.35
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1088.80
Medicare		15.10	254.64
Fed Income Tax	S 1	97.13	1806.68
LA Income Tax	S 0 1	26.00	476.00
TOTAL		202.81	3626.12

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	220.33
TOTAL	36.72	220.33

NET PAY

THIS PERIOD (\$)
802.13

YTD (\$)
13714.90

See Stub 1 for
calculations

Client Services Coordinator

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

100%

O • C

1,041.66 +
1,041.66 +
2,083.32 x
7.65 %
159.37 *

Stub1

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 09/01/17 to 09/15/17
Check Date: 09/15/17 Check #: 6721

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.63	15981.48
NET PAY	804.63	15981.48

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66	63.00	20858.07
Total Hours				63.00	
Gross Earnings			1041.66		20858.07
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1293.20
Medicare		15.10	302.44
Fed Income Tax	S 1 +\$21.20	118.33	2508.63
LA Income Tax	S 0 1	26.00	564.00
TOTAL		224.01	4668.27

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	208.32
TOTAL	13.02	208.32

Salary

Stub1 1041.66

Stub2 1041.66

\$2083.32

↑
grant
amt

Fringe

2083.32

x 7.65%

\$159.37

↑
grant
amt

NET PAY

THIS PERIOD (\$)
804.63

YTD (\$)
15981.48

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 12 DD

Client Services Coordinator

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 09/16/17 to 09/30/17
Check Date: 09/29/17 Check #: 6728

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	16786.10
NET PAY	804.62	16786.10

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			1041.66		1041.66
LAL Hours				63.00	20858.07
Total Hours				63.00	
Gross Earnings			1041.66		21899.73
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1357.78
Medicare		15.11	317.55
Fed Income Tax	S 1 +\$21.20	118.33	2626.96
LA Income Tax	S 0 1	26.00	590.00
TOTAL		224.02	4892.29

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	221.34
TOTAL	13.02	221.34

NET PAY

THIS PERIOD (\$)
804.62

YTD (\$)
16786.10

See Stub 4
for calculations



Page: 1 of 1
Statements Dates
09/01/2017 - 09/30/2017

Return Service Requested

1 110000 001
FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

Account Number:

Images:
0

***ZERO CHECKS* E0**

**WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.**

***** CHECKING ACCOUNT SUMMARY *****

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+	
-	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

***** CHECKING ACCOUNT TRANSACTIONS *****

● Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
09/06			09/13		
09/06			09/19		
			09/25		
09/11			09/25		
09/12			09/27		

● Other Debits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

09/14	6,692.92	PAYROLL PAYCHEX INC. 017257003541994CCD	09/28	6,692.98	PAYROLL PAYCHEX INC. 017257003541994CCD
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● Balance By Date

Date	Balance	Date	Balance
------	---------	------	---------

Fringe Proof of Payment

Account Details

Nickname: Community Resource Checking - 0000
 Account Number:
 Current Balance:
 Available Balance:
 As of Date: 10/09/2017
 Earning YTD:
 Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
10/04/2017		ACH Debit	USATAXPYMT IRS	\$1,898.38	

941 Tax Payment 9/29/17 Payroll

Fringe Proof of Payment - 9/29 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270767765332881
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PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$1,898.38
Settlement Date	10/04/2017
Subcategories:	
1 Social Security	\$1,040.87
2 Medicare	\$243.41
3 Tax Withholding	\$614.10
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

U
Turner Frost & Paymore

1/11/17
IMPORTANT REMINDERS

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNIA LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	09/27/17 - 09/29/17	Employee Social Security	520.43
Amount Due:	\$1,898.38	Employee Medicare	121.70
Due Date:	10/04/17	Employer Social Security	520.44
Quarter:	3	Employer Medicare	121.71
		Federal Withholding	614.10

Date Paid: 10/31/17 (Post 10/4)
Check Number: pd. online
Federal ID: 72-1415039
Last Check Date: 09/29/17

Conteana State Withholding Tax

Please transfer the amount due for the specified deposit period to the appropriate withholding form and pay on or before the due date. If the due date falls on Saturday, Sunday, or a legal holiday, the deposit is due on the next banking day.

Deposit Period:	07/01/17 - 09/30/17	Total Earnings	51,475.16
Amount Due:	\$1,373.00	Reportable Amount	51,475.16
Due Date:	10/31/17	LA Income Tax	1,373.00

Date Paid: _____ State ID: 1750793001
Check Number: _____ Last Check Date: 09/29/17

- ... You are scheduled to report your next payroll on Wed 10/11/17.
- ... In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ... Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-270-1307

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403



0060-0060T846-002-270-1307

Franchise Proof of Payment - 9/15 Payroll

Account Details

Nickname: Community Resource Checking - 0000
 Account Number:
 Current Balance:
 Available Balance:
 As of Date: 10/09/2017
 Earning YTD:
 Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/20/2017		ACH Debit	USATAXPYMT IRS	\$1,898.44	

941 Tax Payment - 9/15/17 Payroll

Franchise Proof of Payment - 9/15 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270766395810850
------------------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$1,898.44
Settlement Date	09/20/2017
Subcategories:	
1 Social Security	\$1,040.89
2 Medicare	\$243.45
3 Tax Withholding	\$614.10
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

U Fringe Proof of Payment - 9/15 Payroll

IMPORTANT REMINDERS

... You are scheduled to report your next payroll on Wed 09/27/17.

... In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.

... Payments made by EFT must be initiated one day prior to the due date.

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNALA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax			
EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.			
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.			
Deposit Period:	09/13/17 - 09/15/17	Employee Social Security	520.45
Amount Due:	\$1,898.44	Employee Medicare	121.74
Due Date:	09/20/17	Employer Social Security	520.44
Quarter:	3	Employer Medicare	121.71
		Federal Withholding	614.10
Date Paid:	9/19/17 (post dated 9/20)	Federal ID:	72-1415039
Check Number:	ph. online	Last Check Date:	09/15/17



0060-0060T846-002-256-1441

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403



0060-0060T846-002-256-1441

Rent



INVOICE

INVOICE #: 201710



INVOICE DATE: 9/1/2017

P.O. Box 74403
Baton Rouge, LA 70874
225-355-2725 Office 225-355-2742 Fax
www.FVRI.org

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
TOTAL	\$ 1,200.00

Rent

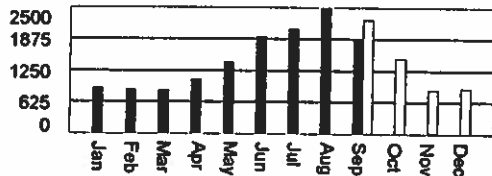
 FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403		WHITNEY BANK Member FDIC / whitneybank.com	1560 94-156034
PAY TO THE ORDER OF Family Values Resource Institute, Inc		10/10/2017 \$ **1,200.00	
One Thousand Two Hundred and 00/100		DOLLARS	
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807		 AUTHORIZED SIGNATURE	
MEMO LAL Rent			
⑈001560⑈ ⑆065400153⑆			

101217 - 96120000922022 > 065503681<		PAY TO THE ORDER OF WHITNEY BANK BATON ROUGE, LA 70803-2400 00000000000000000000 FOR DEPOSIT ONLY FAMILY VALUES RESOURCE INSTITUTE, INC. RESTRICTED FUND 1560000
--------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Total Monthly Energy Usage

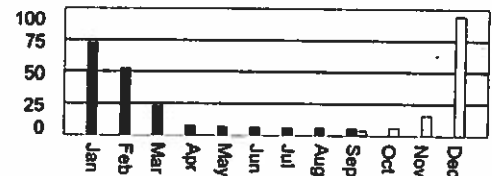
Electric

Billing Period	Billing Days	kWh Used	Avg kWh Per Day	2017	2016
Sep 2017	29	1885	65.0		
Sep 2016	31	2262	73.0		



Gas

Billing Period	Billing Days	Ccf Used	Avg Ccf Per Day	2017	2016
Sep 2017	29	6	0.21		
Sep 2016	31	4	0.13		



Important Messages

Thank you for the prompt way you pay your bill.

Real-Time Payment Options:

- My Account Online at entergy.com
- By Phone at 800-584-1241 for a small fee.

Please add \$1 to total bill amount for The Power to Care. Learn more at entergy.com.

Account Summary for Charles R Thomas Jr

Account # 32078008	Mail Date 09/28/2017	QPC 04000
Invoice # 495002886288		Cycle 21
Amount Due by 10/20/2017 \$277.89 after \$285.85		

Account Detail

Previous Balance	345.21
Payment Received (09/11/2017)	345.21
Remaining Balance	\$0.00

Current Charges

Customer Charge	13.39
Energy Charge	106.08
Formula Rate Plan	@ 29.4462%
Storm Restoration Offset	-3.27
Fuel Adjustment	1885 kWh @ \$0.03188 60.10
Federal Mandated EAC Rider	1885 kWh @ \$0.000043 0.08
Municipal Franchise Fee	5.28
Total Metered Charges Electric (Contract 3288046)	\$216.61

Customer Charge	9.10
Gas Service	2.68
Gas Fuel Adjustment	6 Ccf @ \$0.41702 2.50
Total Metered Charges Gas (Contract 3288047)	\$14.28

Security Lighting Billing

Rate	Qty	Facility Type	kWh	
AL9	1	400W Hps	150.0	12.49
Energy Charge				0.06
Formula Rate Plan		@ 29.21%		3.65
Storm Restoration Offset				-0.34
Fuel Adjustment	150 kWh @ \$0.03188			4.79
Federal Mandated EAC Rider	150 kWh @ \$0.000043			0.01
Municipal Franchise Fee				0.52
Total Security Lighting Charges (08/24/2017 - 09/22/2017)				\$21.18
State Sales Tax				10.08
Storm Restoration Charge				16.74
Current Month Energy Charges				\$277.89

Utilities - 80%
277.89
x 80%
222.31

\$222.31

Customer Service 877-ETRBIZZ (877-387-2499)	Amount Due by 10/20/2017	\$277.89	after	\$285.85
---------------------------------------------------	--------------------------	----------	-------	----------



Internet



Meter Reading (Contract 3288046)

Meter # F130154	Rate : GS_SGS	
Total Days (29)		
Current Meter Reading	(09/21/2017)	81101
Previous Meter Reading	(08/23/2017)	- 79216
kWh Metered		1885
kW Metered		10.69

Meter Reading (Contract 3288047)

Meter # X134359	Rate : GG_G1A	
Total Days (29)		
Current Meter Reading	(09/21/2017)	9311
Previous Meter Reading	(08/23/2017)	- 9305
CCF Metered		6

Utilities \$ 222.31

 FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403		WHITNEY BANK Member FDIC; whitneybank.com	1559 5415.054
		10/10/2017	
PAY TO THE ORDER OF Entergy		\$ **277.89	
Two Hundred Seventy-Seven and 89/100		DOLLARS	
Entergy PO Box 8103 Baton Rouge, LA 70891-8103 United States			
MEMO	Acct # 32078008		
		 AUTHORIZED SIGNATURE	
⑈001559⑈ ⑈065400153⑈			

101317 5112 350 00032078008 0286751120350 CHECK21
 DEPOSIT ONLY ENTERGY SERVICES INC
 JPMORGAN CHASE BANK NA >11900057<

Utilities
80%

Baton Rouge Water Company
8755 Goodwood Boulevard
Office Hours: 8:30 a.m. - 5:00 p.m.
Monday - Friday (excluding holidays)
Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	SEP 05 2017

Baton Rouge Water Company			
Meter Readings		MINIMUM	Amount
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service:			
1156	1154	2	8.52
CITY EXCISE TAX			.43
LA SALES TAX			.36
LA DHH OPH SDWA FEE			1.00
GROUNDWATER FEE			.01
AUGUST 2016 FLOOD			
RECOVERY SURCHARGE			.08
Amount for Water Service:			10.40
TOTAL AMOUNT DUE BY SEP 28 2017			\$10.40

10.40
x 80%
\$8.32

Pay Online @ WWW.BRWATER.COM

Password: 70807

Acct. No.: 010103354000802

Please Return This Stub With Payment

AMOUNT ENCLOSED

Baton Rouge Water Company
P.O. Box 96016
Baton Rouge, LA 70896-9016

AMOUNT DUE BY SEP 28 2017 \$10.40
AMOUNT DUE AFTER SEP 28 2017 \$10.83

\$

For your convenience, please make
one check or money order payable to:

UTILITY PAYMENT PROCESSING
03 01 3 354000802

UTILITY PAYMENT PROCESSING
P O BOX 96025
BATON ROUGE LA 70896-9025

FAMILY VALUES RESOURC
P O BOX 74403
BATON ROUGE LA 70874-4403

FOR MAILING AND
PHONE NUMBER _____
CHANGES CHECK HERE
AND PROVIDE ON BACK

301010335400080200001040000010832

Chase Online

Utilities \$8.32

BUSINESS CLASSIC (...8002)

Check Number: 4892

Post Date: 09/27/2017

Amount of Check: \$10.40

FAMILY VALUES RESOURCE INSTITUTE, INC <small>Serving Families for Over 20 Years P.O. BOX 14025 BATON ROUGE, LA 70814 225 398 1601</small>		CHASE BUSINESS <small>Member Since 11/1/14</small>	4892
PAY TO THE ORDER OF Utility Payment Processing		9/25/2017	
Ten and 40/100		\$ 10.40	DOLLARS
Utility Payment Processing PO Box 90025 Baton Rouge, LA 70896-9025 United States		<i>Brian J. Thomas</i> AUTHORIZED SIGNATURE	
MEMO WHC Water Bill			
⑈004892⑈ ⑆065400137⑆			

Need help printing or saving this check?

09192 074 092717 car Pay to the Order Of
354000802 01 Within Named Payee 8755A
354000802 01
010103354000802 009192 074

Need help printing or saving this check?

© 2017 JPMorgan Chase & Co



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Copier lease
\$196.90

5272057369 PRESORT 57369 1 AB 0.400 P1C220



FAMILY VALUES RESOURCE INSTITUTE INC
ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

REMITTANCE SECTION

Invoice Number: 56188016
Due Date: 10/01/2017
Due This Period: \$218.98

Amount Enclosed: \$ _____

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000561880160000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 56188016
Account Number: 1053937
Site Number: 3849724
Invoice Date: 09/09/2017
Period of Performance: 09/01/2017-09/30/2017
Due This Period: \$218.98

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY01100010		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

Contact Us

Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry

- Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

*Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

Copier Lease
\$196.90

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4888

Post Date: 09/29/2017

Amount of Check: \$218.98

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families For Over 20 Years P.O. Box 74400 Baltimore, MD 21274 212-339-9001		CHASE BUSINESS Member FDIC 04/13/2014	4888
PAY TO THE ORDER OF De Lage Lenden Financial Services, Inc.		09/25/2017	\$ 218.98 DOLLARS
Two Hundred Eighteen and 98/100			
De Lage Lenden Financial Services, Inc. PO Box 41602 Philadelphia PA 19101-1602		<i>Brian J. Thomas</i> Authorized Signature	
MEMO			
#004888# ⑆065400137⑆			

Need help printing or saving this check?

The back of the check displays the MICR line: ⑆004888⑆ ⑆065400137⑆. There is a signature strip on the right side with the name Brian J. Thomas.

Need help printing or saving this check?

© 2017 JPMorgan Chase & Co.

Postage \$12.75

ISTROUMA
5200 LONGFELLOW DR
BATON ROUGE
LA
70805-2711
2106300966
09/15/2017 (800)275-8777 10:21 AM

Product Sale Final
Description Qty Price

PM 1-Day 1 \$6.65

(Domestic)
(BATON ROUGE, LA 70804)
(Weight:0 Lb 15.90 Oz)
(Expected Delivery Day)
(Monday 09/18/2017)

Certified 1 \$3.35

(~~99~~USPS Certified Mail #)
(70170660000023099796)

Return 1 \$2.75

Receipt
(~~99~~USPS Return Receipt #)
(9590940216096053112028)

Total \$12.75

Credit Card Remitd \$12.75

(Card Name:VISA)
(Account #:XXXXXXXXXXXX9220)
(Approval #:182560)
(Transaction #:110)

Includes up to \$50 insurance

BRIGHTEN SOMEONE'S MAILBOX. Greeting
cards available for purchase at select
Post Offices.

Text your tracking number to 28777
(2USPS) to get the latest status.
Standard Message and Data rates may
apply. You may also visit USPS.com
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of
insurance. For information on filing
an insurance claim go to
<https://www.usps.com/help/claims.htm>.

Order stamps at [usps.com/shop](https://www.usps.com/shop) or call



(NOT FOR PAYMENTS)
DEPARTMENT # 102430
PO BOX 1259
OAKS, PA 19456
6400 0210 NO RP 05 09062017 NNNNNNNY 01 001007 0004



FAMILY VALUES RESOURCE INSTITUTE
INC
7515 SCENIC HWY
BATON ROUGE LA 70807-5447

September 05, 2017

CONTACT US: www.coxbusiness.com
 866-272-5777

Account Number **001 5711 071045903**
COX PIN 7515
SERVICE ADDRESS 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447

**ACCOUNT SUMMARY as of Sep 5, 2017**

Previous Balance	\$524.21
Payment Received - Aug 28	-\$524.21
Remaining Previous Balance	\$0.00
New Charges: Sep 5, 2017 - Oct 4, 2017	\$525.24
TV	\$62.49
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$1.09
Taxes, Fees and Surcharges	\$76.91
New Charges	\$525.24
Total Due By Sep 27, 2017	\$525.24

IMPORTANT NOTICE: CHANGES TO YOUR CONTRACT WITH COX:

We've updated our General Terms including a new arbitration requirement, class action waiver, waiver of right to jury trial, and limitation
continued in News from Cox

Telephone \$250.00
Internet \$ 75.00

**Make Your Life Easier and GO GREEN!**

With **EasyPay**, pay your monthly Cox bill automatically from your bank or credit card account. Add **Paperless Billing** and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount

September 05, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE
Account Number **001 5711 071045903**
Service at **7515 SCENIC HWY**
BATON ROUGE, LA 70807-5447

Total Due By Sep 27, 2017**\$525.24**

COX BUSINESS
PO BOX 919243
DALLAS TX 75391-9243



05711001182071045903060052524

MONTHLY SERVICES Sep 5 - Oct 4

TV

Digital Adapter	\$1.99
Cox Business TV Starter	18.00
Business TV Essential	35.00

Other Fees and Surcharges

Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00

Total TV **\$62.49**

INTERNET

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
------------------------------	----------

Total Internet **\$115.00**

TELEPHONE

225-355-2725

VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group	0.00
Hunting	
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00

225-355-2333

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-356-1101

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Monthly Services cont.

Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

225-357-6822

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

225-357-6880

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

225-359-9001

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

225-355-2742

VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Utility Line 0.00

Total Telephone **\$264.75**

COX TOLL FREE

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



Monthly Services cont.

855-696-2333

Cox Toll Free Svc - Switched \$5.00

Total Cox Toll Free \$5.00

TOTAL MONTHLY SERVICES \$447.24

USAGE CHARGES

Telephone Usage

Usage for 225-355-2725

Intrastate Long Distance (qty 5) \$0.00

Usage for 225-356-1101

Interstate Cox LD - CB 0.00

Usage for 225-357-6880

Intrastate Long Distance 0.00

Usage for 225-359-9001

Intrastate Long Distance (qty 13) 0.00

Interstate Cox LD - CB (qty 12) 0.00

Usage for 225-355-2742

Interstate Cox LD - CB 0.00

Total Telephone Usage \$0.00

Toll Free Usage

Usage for 855-696-2333

Intrastate Toll Free - CB (qty 6) \$1.09

Total Toll Free Usage \$1.09

TOTAL USAGE CHARGES \$1.09

TAXES, FEES AND SURCHARGES

TV and/or Internet Taxes and Fees

FCC Fee \$0.09

Franchise Fee 3.42

PEG Access Fee 0.35

Total TV and/or Internet Taxes and Fees \$3.86

Telephone Taxes, Fees and Surcharges

Taxes

Federal Excise Tax \$7.55

Interstate Telecomm Services 0.14

E-911 Tax (Commercial) 10.50

State Sales Tax 10.77

Total Taxes \$28.96

Fees and Surcharges

Access Recovery Fee - Multi-Line \$10.00

Federal Universal Service Fund 17.00

Public Utility Excise Tax 11.99

Telecommunications Tax for the Deaf 0.35

Carrier Cost Recovery Fee 0.67

Louisiana Universal Service Fund 4.08

Total Fees and Surcharges \$44.09

Total Telephone Taxes, Fees and Surcharges \$73.05

Taxes, Fees and Surcharges cont.

TOTAL TAXES, FEES AND SURCHARGES \$76.91

TOTAL NEW CHARGES \$525.24

TELEPHONE USAGE DETAILS for 225-355-2725

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Aug 10					
09:56A	NEWORLEA ,LA	504-831-3117	:30	DD/D	0.0000
09:58A	NEWORLEA ,LA	504-301-7573	3:42	DD/D	0.0000
11:28A	NEWORLEA ,LA	504-831-3117	:48	DD/D	0.0000
11:29A	KENNER ,LA	504-496-0212	2:36	DD/D	0.0000
Aug 16					
08:50A	THIBODAUX,LA	985-446-5004	1:24	DD/D	0.0000
Total Intrastate Long Distance			9:00		\$0.00

TELEPHONE USAGE DETAILS for 225-356-1101

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Aug 25					
10:45A	ATLANTA ,GA	404-667-3413	:18	DD/D	0.0000
Total Interstate Long Distance			:18		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Aug 14					
12:19P	NEWORLEA ,LA	504-518-1033	:06	DD/D	0.0000
Total Intrastate Long Distance			:06		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Aug 8					
03:03P	NEWORLEA ,LA	504-518-1033	:06	DD/D	0.0000
Aug 9					
10:04A	STFRNCISVL,LA	225-245-2517	:42	DD/D	0.0000
Aug 10					
01:30P	NEWORLEA ,LA	504-368-4455	3:00	DD/D	0.0000
Aug 14					
09:31A	SLIDELL ,LA	985-605-0549	:36	DD/D	0.0000
03:30P	MORGANCI ,LA	985-498-6188	:48	DD/D	0.0000
Aug 15					
01:27P	CLINTON ,LA	225-719-1058	:48	DD/D	0.0000
Aug 24					
09:58A	NEWORLEA ,LA	504-518-1033	:06	DD/D	0.0000
10:11A	NEWORLEA ,LA	504-948-5423	:12	DD/D	0.0000
11:52A	WH CASTLE ,LA	225-716-0905	:30	DD/D	0.0000
Aug 28					
02:38P	NEWORLEA ,LA	504-948-5423	:30	DD/D	0.0000
Aug 29					
11:26A	KENNER ,LA	504-338-1516	1:00	DD/D	0.0000
Aug 31					
02:28P	RUSTON ,LA	318-255-7377	:30	DD/D	0.0000
02:29P	MONROE ,LA	318-237-1760	3:24	DD/D	0.0000
Total Intrastate Long Distance			12:12		\$0.00

Interstate Long Distance

Telephone Usage Details cont.

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Aug 14					
09:41A	SOUTHFIEL ,MI	248-304-7246	1:18	DD/D	0.0000
Aug 15					
11:37A	SOUTHFIEL ,MI	248-304-7246	1:36	DD/D	0.0000
Aug 16					
12:33P	ATLANTA S ,GA	678-435-3688	:36	DD/D	0.0000
Aug 17					
12:03P	KILLEEN ,TX	254-289-7525	:42	DD/D	0.0000
Aug 23					
11:02A	LUFKIN ,TX	936-414-8003	:48	DD/D	0.0000
11:04A	LUFKIN ,TX	936-414-1885	:42	DD/D	0.0000
Aug 24					
09:42A	OKOLONA ,MS	662-276-8994	:12	DD/D	0.0000
10:47A	SOUTH BEN ,IN	574-904-7521	:06	DD/D	0.0000
11:06A	MINNEAPOL,MN	612-703-5729	:36	DD/D	0.0000
11:19A	PLATTEVL ,WI	608-331-7097	:48	DD/D	0.0000
Aug 31					
09:11A	ADAIRSVL ,GA	678-848-3348	:12	DD/D	0.0000
03:02P	ADAIRSVL ,GA	678-848-3348	:06	DD/D	0.0000
Total Interstate Long Distance			7:42		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2742

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Aug 21					
10:35A	RAMSEY ,NJ	201-419-7481	2:24	DD/D	0.0000
Total Interstate Long Distance			2:24		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Aug 16					
12:08P	BATONROUG,LA	225-978-3459	:48	DD/D	0.0400
12:09P	BATONROUG,LA	225-978-3459	1:18	DD/D	0.0650
12:11P	BATONROUG,LA	225-978-3459	:36	DD/D	0.0300
12:13P	BATONROUG,LA	225-978-3459	:36	DD/D	0.0300
Aug 24					
01:01P	BATONROUG,LA	225-421-4624	3:48	DD/D	0.1900
Aug 29					
02:54P	BATONROUG,LA	225-892-7626	14:42	DD/D	0.7350
Total Intrastate Toll Free			21:48		\$1.09

Rate Codes

DD = Direct Dial

Time Codes

D = Day

NEWS FROM COX

continued from Page 1

of liability clause. The updated General Terms will be effective thirty (30) days after this notice unless you opt-out of these changes. Please see section C23 and C24 of the revised General Terms for details about the opt-out process. The updated General Terms can be found at www.cox.com/aboutus/policies/business-general-terms.html

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Customer Information cont.

Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices: <http://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE,



E

\$1304.84

Invoice

Date	Invoice #
9/14/2017 ✓	29

Bill To
Louisiana Alliance For Life Family Values Resouce Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

O.C

002

Description	Amount
1,304.86 + /17 1,304.86 + 2,609.72G+	1.646.57
Total	\$1.646.57

Accounting / Bookkeeping \$1304.86

Account Details

Nickname: Free Business Checking - 1380

Account Number:

Current Balance:

Available Balance:

As of Date:

09/19/2017

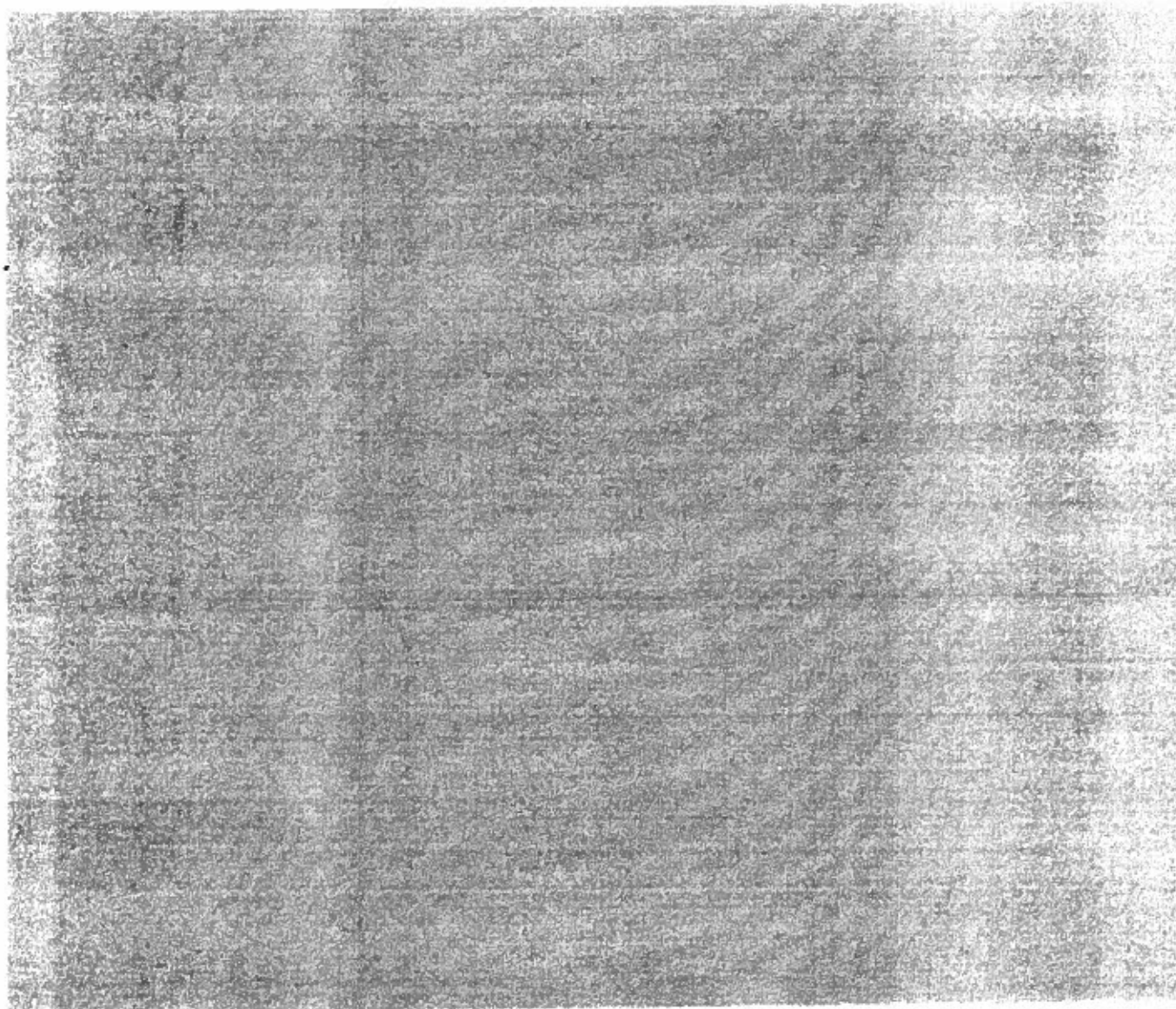
Earning YTD:

Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/14/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$1,646.57	

Invoice # 29



\$1304.80

1175 Lakemont Dr.
Baton Rouge, LA
70816

Invoice

Date	Invoice #
9/28/2017 ✓	30

Bill To
Louisiana Alliance For Life Family Values Resouce Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services 9/16/17 - 9/28/17	1,646.57
Total	\$1,646.57

Accounting/Bookkeeping \$1304.82

Account Details

Nickname: Free Business Checking - 1380

Account Number:

Current Balance:

Available Balance:

As of Date: 10/11/2017

Earning YTD:

Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/28/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$1,646.57	

INVOICE # 30

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Invoice

Date	Invoice #
10/9/2017	66

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for September 2017: * Scheduled several appointments with Sarah of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to Sarah's emails	800.00	800.00
		Total	\$800.00

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Invoice


Date	Invoice #
10/9/2017	65

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Evaluation Activities for September 2017 •Requested data from subcontractors and reminded them of deadline. •Reminded subcontractors to complete the client service forms. •Responded to subcontractors' emails. •Responded to subcontractors telephone calls. •Checked for subcontractors' data on database. •Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report. •Entered data on TANF database. •Called Barbara Thomas that data had been entered on TANF database. •Emailed and called Michael Ferris that data was complete and ready for approval. •Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
		Total	\$900.00

Public Relations \$800.00
Evaluator \$900.00

 **FAMILY VALUES RESOURCE INSTITUTE INC.**
DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-9001
BATON ROUGE, LA 70874-4403

WHITNEY BANK
Member FDIC / whitneybank.com


1563
84-15754

10/10/2017

PAY TO THE ORDER OF Resource & Fund Development, LLC \$ **1,700.00

One Thousand Seven Hundred and 00/100..... DOLLARS

MEMO
RAFD, LLC
Sharon McCall
5525 Superior Drive
Suite C-2
Baton Rouge, LA 70816


AUTHORIZED SIGNATURE

#001563# 0065400153#

Details on Back
Security Features Included

101117 96190002727595 065503601<

RAFD, LLC

0 • C

002

800.00 +
900.00 +
1,700.00 G+

Insurance \$222.81

ACCOUNT NUMBER
900 - 5143581
Refer to this number on all correspondence
CUSTOMER ID
Q00797820170620

BILLING STATEMENT

FIRST INSURANCE*
FUNDING
A WINTRUST COMPANY

FIRST Insurance Funding Corp.
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (800) 837-2511 Fax: (800) 837-3709
www.firstinsurancefunding.com

NOTICE DATE
09/18/2017
INSTALLMENT DUE DATE
10/06/2017

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

Agent/Broker INSURANCE ONE AGENCY, L.C.
Phone: (972) 267-8000

Previous Account Balance	\$ 2,479.58
Payments/Adjustments	\$ (363.66)
Fees and Other Charges	\$ 11.00
Current Account Balance	\$ 2,126.92
Past Due Amount	\$ 0.00
Current Installment Amount	\$ 352.66
Service Fee	\$ 11.00
Total Amount Due	\$ 363.66

Any Past Due Amount is due immediately.

Check your account online: Your username is "900-5143581".

Professional Liability

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above.
- DIRECT DEBIT - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date.
- You may pay online or by phone. Our contact information is listed at the top of this statement.
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.**

Please visit our website to check your account, make a payment, change your address and view documents online!

www.firstinsurancefunding.com

Thank you for allowing us to be of service! We appreciate your business.

18779245

FIFCBILL0912

FIRST INSURANCE*
FUNDING
A WINTRUST COMPANY

REMITTANCE STUB

Please detach and return this portion with your payment.

Please make checks payable and mail to:
FIRST Insurance Funding Corp.
PO Box 7000
Carol Stream, IL 60197-7000

Have you moved? Please
check this box and print your
new address on the back.

☐

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

NOTICE DATE	09/18/2017
-------------	------------

ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE:	10/06/2017
TOTAL AMOUNT DUE:	\$ 363.66
AMOUNT ENCLOSED:	\$ _____

90000000514358100000036366

Insurance - Professional Liability
\$222.81

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4895

Post Date: 10/11/2017

Amount of Check: \$363.66

FAMILY VALUES RESOURCE INSTITUTE, INC Spring Farmers Pub (over 50 years) P.O. Box 74425 BAYON BOULEVARD, LA 70814 225 358 9091		CHASE BUSINESS Chicago, Ill. 60604 04-11/604	4895
PAY TO THE ORDER OF First Insurance Funding Corp.		10/4/2017	
Three Hundred Sixty-Three and 66/100		\$ 363.66	DOLLARS
First Insurance Funding Corp P.O. Box 66488 Chicago, IL 60666-0488		 AUTHORIZED SIGNATURE	
MEMO 900-5143581, Sept			

⑆004895⑆ ⑆065400⑆37⑆

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CREDIT ADV. WITHIN 60 DAYS
AGENCY OF DEPOSITARY BANK
FOR DEPOSIT ONLY
10/11/2017 0075
13

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Professional Liability / Malpractice Insurance Charge (1st Insurance) - Breakout

Personnel Services

Position/Title	Employee Name	Total Salary	% to Contract	Monthly Salary Contract Amount	Professional Liability /Malpractice Rate 1.55%	Bill To Grant
Project Director	Barbara Thomas	4,166.67	90%	3,750.00	1.55%	58.13
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33	1.55%	36.17
Compliance Coordinator	Talisha Davis	2,916.66	70%	2,041.66	1.55%	31.65
Education Specialist	Allison Davis	2,083.33	100%	2,083.33	1.55%	32.29
Data Entry/Care Provider	Patricia Brown	2,083.33	100%	2,083.33	1.55%	32.29
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33	100%	2,083.33	1.55%	32.29
						\$ 222.81

Maintenance: Sanitorial

INVOICE

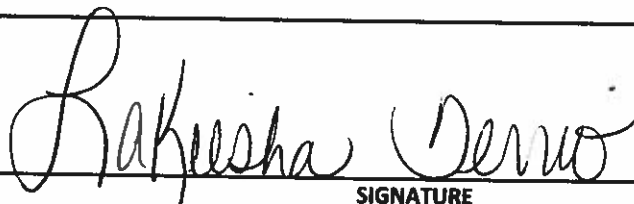
Lakiesha Terrio
9033 Redwood Lake Blvd
Zachary La 70791
225-226-2904
lakiesha70812@cox.net

INVOICE #: 2017-09

INVOICE DATE: 9/30/2017

Billed To: Family Values Resource Institute, Inc.
7515 Scenic Hwy
Baton Rouge, LA 70807

Date	Description	AMOUNT
	Janitorial Services for 0 09/1/2017-09/29/2017	
	Dates Cleaned:	
9/1/2017	Sweep,Dust,Clean bathrooms,wipe down all tables in classrooms,empty trash,wipe chairs in front lobby area,vaccum, mop, clean microwave	189.25
9/15/2017	Sweep,Dust,Clean bathrooms,wipe window seals, sweep baseboards,clean microwave,wipe down tables in classrooms,mop,vaccum,empty trash	189.25
9/22/2017	Sweep,mop,dust,vaccum,wipe tables in classrooms, clean microwave,clean bathrooms,wipe down computers in classrooms,wipe chairs in front lobby area,empty trash	189.25
TOTAL		\$ 567.75



SIGNATURE

Maintenance: Janitorial

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4894

Post Date: 10/04/2017

Amount of Check: \$567.75

94-12864

CHASE N-B-BUSINESS
Chase National Bank, N.A.
B4-12/864

10/3/2017

FAMILY VALUES RESOURCE INSTITUTE, INC
Savings Certificate For Term 30 Years
P.O. BOX 74663
BATON ROUGE LA 70874
724 359 9001

Handwritten: 624

PAY TO THE ORDER OF Lakisha T. Terno \$ 567.75

Five Hundred Sixty-Seven and 75/100

Lakisha T. Terno
9533 Redwood Lake Blvd.
Zachary, LA 70791

Handwritten: Brian J. Thomas

MEMO

004894 105540037

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Spokane
Deno

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Maintenance - Lawn Service

Chase Online

BUSINESS CLASSIC (.. 8002)

Check Number: 4882

Post Date: 09/14/2017

Amount of Check: \$350.00

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families For Over 20 Years P.O. Box 74003 BATON ROUGE, LA 70874 225-359-8001		CHASE for BUSINESS CHASE Bank, N.A. 04-13/054	4882
PAY TO THE ORDER OF Bobby Hooker		9/11/2017	
Three Hundred Fifty and 00/100*****		\$ **350.00	
Bobby Hooker		DOLLARS	
MEMO Cuts			

⑈004882⑈ ⑈065400137⑈

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Maintenance -- Lawn Service

INVOICE

BOBBY HOOKER
225-802-2710

INVOICE #: 201705

INVOICE DATE: 9/11/2017 ✓

Billed To: Family Values Resource Institute, Inc.
7515 Scenic Hwy
Baton Rouge, LA 70807

DATE	DESCRIPTION	QTY	AMOUNT	TOTAL
9/11/2017	JULY & AUG 2017 LAWN SERVICES @ \$50.00 PER CUT	7	50.00	350.00
			TOTAL	\$ 350.00


SIGNATURE

PAYCHEX**NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC
 4324 South Sherwood Forest Blvd Suite 125
 Baton Rouge LA 70816

Client # 0060 0060-T846
 Invoice # 2017092800

AUTOMATIC PAYMENT \$234.18

This amount will be deducted from the
 following bank account at or after 12:01 A.M.
 on 10/10/17.

XXXX0000

ADDRESS SERVICE REQUESTED

0060 0060-T846
 Family Values Resource Institute Inc
 Institute Inc
 Po Box 74403
 Baton Rouge, Louisiana 70874-4403

Electronic Payroll Transaction Fees \$212.50

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2017083100 Due 09/11/17				234.18
Payment Received - Thank You				-234.18
Balance Forward				0.00
Total New Charges				234.18
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				234.18

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	#-TRANSACTIONS	AMOUNT
NEW CHARGES				
09/14/17	Payroll/Taxpay®	09/12/17	5	60.46
09/15/17	Payroll/Taxpay®	09/13/17	8	66.26
	Direct Deposit		8	20.60
09/29/17	Payroll/Taxpay®	09/27/17	8	66.26
	Direct Deposit		8	20.60
Total New Charges				234.18
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				234.18
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

Electronic Payroll Transaction Fees \$212.50

Account Details

Nickname: Community Resource Checking - 0000
Account Number: 0000016840000
Current Balance:
Available Balance:
As of Date: 10/16/2017
Earning YTD:
Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
10/10/2017		ACH Debit	INVOICE PAYCHEX EIB	\$234.18	

Paychex Invoice # 2017092800

Subcontractor Payments

Account Details

Nickname: Free Business Checking - 1380

Account Number:

Current Balance:

Available Balance:

As of Date:

10/16/2017

Earning YTD:

Last Year Interest:

Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
10/12/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$13,400.00	

Sept. Subcontractor Payments

Subcontractors^{0.00}

3,200.00 +

1,200.00 +

2,200.00 +

3,200.00 +

2,400.00 +

005

12,200.00 G+

Subcontractor Payments

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
**** 300 1099 Crossroads Prog...(IC) 20	1099 Misc Comp			1,200.00			Direct Deposit # 446 Check Amt 0.00 Chkg 1232 1,200.00 Net Pay 1,200.00
Life Choices of...(IC) 23	1099 Misc Comp			1,200.00			Direct Deposit # 447 Check Amt 0.00 Chkg 3581 1,200.00 Net Pay 1,200.00
Pregnancy Probl...(IC) 22	1099 Misc Comp			1,200.00			Direct Deposit # 448 Check Amt 0.00 Chkg 2289 1,200.00 Net Pay 1,200.00
Womens Center o...(IC) 27	1099 Misc Comp			1,200.00			Direct Deposit # 449 Check Amt 0.00 Chkg 9749 1,200.00 Net Pay 1,200.00
Womens Help Center (IC) 28	1099 Misc Comp			1,200.00			Direct Deposit # 450 Check Amt 0.00 Chkg 8002 1,200.00 Net Pay 1,200.00
Womens New Life...(IC) 24	1099 Misc Comp			1,200.00			Direct Deposit # 451 Check Amt 0.00 Chkg 0051 1,200.00 Net Pay 1,200.00
300 1099 TOTALS	1099 Misc Comp			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
6 Person(s) 6 Transaction(s)	1099 Misc Comp			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
COMPANY TOTALS	1099 Misc Comp			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
(IC) = Independent Contractor	COMPANY TOTAL			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS REIMB & OTHER PAYMENTS			
**** 300 1099 Crossroads Preg...(IC) 20	1099 Misc Comp			1,200.00			Direct Deposit # 446 Check Amt 0.00 Chkg 1232 1,200.00 Net Pay 1,200.00
EMPLOYEE TOTAL				1,200.00			
Life Choices of...(IC) 23	1099 Misc Comp			3,200.00			Net Pay 3,200.00 Direct Deposit # 447 Check Amt 0.00 Chkg 3581 3,200.00 Net Pay 3,200.00
EMPLOYEE TOTAL				3,200.00			
Pregnancy Probl...(IC) 22	1099 Misc Comp			1,200.00			Direct Deposit # 448 Check Amt 0.00 Chkg 2289 1,200.00 Net Pay 1,200.00
EMPLOYEE TOTAL				1,200.00			
Womens Center o...(IC) 27	1099 Misc Comp			2,200.00			Net Pay 2,200.00 Direct Deposit # 449 Check Amt 0.00 Chkg 9749 2,200.00 Net Pay 2,200.00
EMPLOYEE TOTAL				2,200.00			
Womens Help Center (IC) 28	1099 Misc Comp			3,200.00			Direct Deposit # 450 Check Amt 0.00 Chkg 8002 3,200.00 Net Pay 3,200.00
EMPLOYEE TOTAL				3,200.00			
Womens New Life...(IC) 24	1099 Misc Comp			1,200.00			Direct Deposit # 451 Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00
EMPLOYEE TOTAL				1,200.00			
300 1099 TOTALS	1099 Misc Comp			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
6 Person(s) 6 Transaction(s)	300 1099 TOTAL			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
COMPANY TOTALS							
6 Person(s) 6 Transaction(s)	1099 Misc Comp			13,400.00			Check Amt 0.00 Dir Dep 13,400.00 Net Pay 13,400.00
COMPANY TOTAL				13,400.00			
(IC) = Independent Contractor							

LOUISIANA ALLIANCE FOR LIFE Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
Crossroads Pregnancy Resource Center Michele Beary 985-446-5004 (o) 985-859-9907 (c)	10/9/17	21	\$1,200.00
Life Choices of North Central Louisiana Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	10/2/17	337	\$3,200.00
Pregnancy Problem Center Frances Coleman 225-924-1400 (o)	9/30/17	77	\$1,200.00
Woman's New Life Center – Baton Rouge Allison Millet 225-218-4862 (o) 504-301-7573 (c)	10/6/17	3	\$1,200.00
Woman's New Life Center – Metairie Allison Millet 504-469-0212 (o) 504-301-7573 (c)	10/3/17	11	\$1,200.00
Women's Center of Lafayette Michela Camel 337-289-9366 (o)	9/30/17	245	\$2,200.00
Women's Help Center Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	10/2/17	348.5	\$3,200.00
>> September 2017 >>			TOTAL Dollar Amount >>>>>
			\$13,400.00

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: SEPTEMBER 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	337	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbard J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Life Choices of North Central Louisiana		PROGRAM NAME: Louisiana Alliance for Life	
CONTACT NAME: Kathleen Richard, LMSW		PROGRAM LOCATION: Ruston, LA	
PHONE NUMBER: 337-251-7573		SERVICES MONTH: Sep-17	DATE: 10/2/2017
Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.			

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	18
New clients who took a pregnancy test and commit to full-term pregnancy	14
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	16
Male-Adoption Education	4
Abortion Prevention Education counseling or informational sessions	16
Male-Abortion Prevention Edu.	4
Abstinence Education counseling or informational sessions	15
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	48
Male-Parenting Information	9

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED		0	
3 Employment	1	0.5	2
4 Food/Clothing		0	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	14	7	8
7 OB/GYN	16	8	13
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling	1	0.5	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	17	8.5	9
14 WIC	11	5.5	8
15 Public Assistance		0	

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

OTHER SERVICES (2 points)	Total TANF Eligible Clients	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	23	46	
Male Prenatal/Parenting Classes (#classes x total # participants)	9	18	
Follow Up - Pregnancy Decisions	16	32	
Follow Up - Pregnancy Outcomes	11	22	
TOTAL SERVICES	269		40
TOTAL POINTS	148	149	40
			337

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Life Choices of North	Services Month: September 2017	Date: 10-3-17
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For*

Date	Topic	Chart # or Total #of	Total #Male
9/5/2017 @ 3:30	Understanding Pregnancy by Beth Foster	4	2
9/12/2017 @ 3:30	Understanding Pregnancy Part 2 by Beth Foster	1	0
9/19/2017 @ 3:30	Understanding Pregnancy Part 3 by Beth Foster	2	0
9/26/2017 @ 3:30	Understanding Pregnancy Part 4 by Beth Foster	3	1
9/12/2017 @ 6:00	Literacy/Reading to Preschoolers by Amanda Russell	5	1
9/19/2017 @ 6:00	CPR by Dolly Weir, EMT	4	3
9/26/2017 @ 6:00	Ruston Farmer's Market by Lauren Jennings	4	2
TOTALS		23	9

Kathleen Richard
10/4/2017

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Life Choices of North Central La	Services Month: Sep-17	Date: 10/2/201
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COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.

[illegible]

LOUISIANA

Alliance for Life

Monthly Report Approval

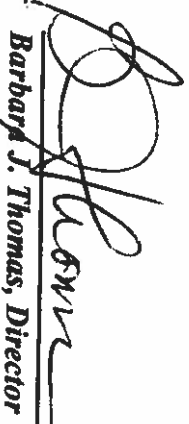
Month: SEPTEMBER 2017

Subcontractor: Crossroads Pregnancy Resource Center		
Client Service Points / Amount	Points	Dollar Amount
Client Service Reports/documentation	21	\$1,200.00
	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Crossroads Pregnancy Resource Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Michelle Beary	PROGRAM LOCATION:	Thibodaux, La
PHONE NUMBER:	985-445-5004	SERVICES MONTH:	September 2017
		DATE:	10/9/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	3
New clients who took a pregnancy test and commit to full-term pregnancy	3
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	0
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	0
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	0
Parenting Information counseling or informational sessions	3
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0	
2 Adult Education/GED	1	0.5	
3 Employment	2	1	
4 Food/Clothing	2	1	
5 Housing	2	1	
6 Medicaid (NOT certified app. centers)	2	1	
7 OB/GYN	3	1.5	
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	0	0	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	2	1	
13 STD/HIV Testing	0	0	
14 WIC	3	1.5	
15 Public Assistance	3	1.5	

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	0	0	
Male Prenatal/Parenting Classes (#classes x total # participants)	0	0	
Follow Up - Pregnancy Decisions	0	0	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	31	0	31
TOTAL POINTS	11	10	21

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA


Alliance for Life

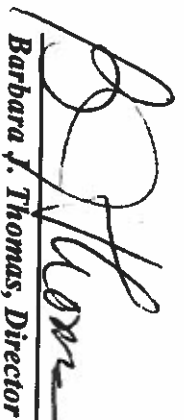
Monthly Report Approval

Month: SEPTEMBER 2017

Subcontractor: Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	77	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	FamilyLife Federation / Pregnancy Problem Solvers	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Frances Broussard	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-926-1400	SERVICES MONTH:	SEP 17
		DATE:	9/30/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	5
New clients who took a pregnancy test and commit to full-term pregnancy	3
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	5
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	5
Male-Abstinence Education	
Parenting Information counseling or informational sessions	3
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	4	2	4
7 OB/GYN	3	1.5	4
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	5	2.5	
14 WIC	3	1.5	3
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	9	18	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	4	8	
Follow Up - Pregnancy Outcomes	2	4	
TOTAL SERVICES			0
TOTAL POINTS	26	40	11

TOTAL

0

77

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	8/31/2017
Beginning Inventory	102
# Clients Served	3
Amount Distributed	6
Amount Remaining	96

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Pregnancy Problem Center	Services Month: Sept.2017	Date: 9/30/2017
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
9/7/2017	Eating For Two 1.3	1	1
9/13/2017	Second Trimester 3.1	1	
9/21/2017	Eyewitness to the Womb2.2	1	
9/21/2017	What's Safe What Isn't 2.3	1	
9/28/2017	Bonding With Your Unborn Baby 2.4	1	
9/19/2017	Eating For Two 1.3	1	
9/18/2017	First Years Last Forever	1	
9/18/2017	Eating For Two 1.3	1	
9/12/2017	The First Years Last Forever	1	
Totals		9	1

LOUISIANA


Alliance for Life

Monthly Report Approval


Month: SEPTEMBER 2017

Subcontractor: Woman's New Life - Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	3	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Fertis, Administrator



Barbara L. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	Women's New Life Center	PROGRAM NAME	Louisiana Alliance for Life
CONTACT NAME	Maureen Lavastida	PROGRAM LOCATION	Baton Rouge
PHONE NUMBER	225-653-5570	SERVICES MONTH	Sept. 2017
			10/6/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN		0	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions		0
Follow Up - Pregnancy Outcomes		0

TOTAL SERVICES	3	0	0	TOTAL
TOTAL POINTS	3	0	0	3

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services
Reimbursement

Total Monthly Points

1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

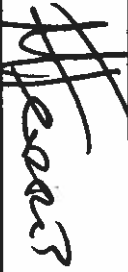
Alliance for Life

Monthly Report Approval

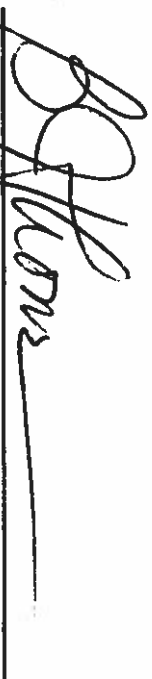
Month: SEPTEMBER 2017

Subcontractor: Woman's New Life - Metairie		
	Points	Dollar Amount
Client Service Points / Amount	11	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY: _____



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Allison Miller	PROGRAM LOCATION:	New Orleans
PHONE NUMBER:	504-995-0212	SERVICES MONTH:	September 2017
		DATE:	10/1/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total YANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	1
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 Point)	Total YANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	1
7 OB/GYN	1	0.5	4
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	1
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total YANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions		0
Follow Up - Pregnancy Outcomes		0

TOTAL SERVICES	6		6	12
TOTAL POINTS	4	1	6	11

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement

Total Monthly Points

1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: SEPTEMBER 2017

Subcontractor: <i>Woman's Center of Lafayette</i>		
	Points	Dollar Amount
Client Service Points / Amount	245	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:

MFerris
Michael Ferris, Administrator

BThomas
Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	The Women's Center of Lafayette	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Debra Patis	PROGRAM LOCATION:	1331 Jefferson St. Lafayette, LA
PHONE NUMBER:	337-283-9365	SERVICES MONTH:	September 2017
		DATE:	9/30/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total YANE Eligible Clients Served
Pregnancy Testing	28
New clients who took a pregnancy test and commit to full-term pregnancy	17
Pregnancy Retest	0
Returning clients who retasted and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	18
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	10
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	25
Male-Abstinence Education	2
Parenting Information counseling or informational sessions	17
Male-Parenting Information	2

REFERRALS (1/2 Point)	Total YANE Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	10	5	11
5 Housing	3	1.5	1
6 Medicaid (NOT certified app. centers)	6	3	1
7 OB/GYN	9	4.5	4
8 PreMarital/Marriage Counseling	4	2	
9 Professional Counseling	9	4.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	4	2	
13 STD/HIV Testing	22	11	
14 WIC	17	8.5	
15 Public Assistance	0	0	

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	9/30/2017
Beginning Inventory	156
# Clients Served	19
Amount Distributed	52
Amount Remaining	104

OTHER SERVICES (2 points)	Total YANE Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	6	12	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	19	38	
Follow Up - Pregnancy Outcomes	7	14	
TOTAL SERVICES	237		17
TOTAL POINTS	120	108	17
			254
			245

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette	Services Month: September	Date 30-Sep-17
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)</i> <i>For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
9/26/2017	Pediatric Dentistry	6	1
TOTALS		6	1

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor:	The Womens Center of Lafayette	Services Month:	September	Date	9/30/2017
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COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.

[illegible]

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: SEPTEMBER 2017

Subcontractor: Women's Help Center		
	Points	Dollar Amount
Client Service Points / Amount	348.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:



Michael Kerts, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Rat Brown	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Sep-17
		DATE:	10/2/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	27
New clients who took a pregnancy test and commit to full-term pregnancy	23
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	27
Male-Adoption Education	5
Abortion Prevention Education <i>counseling or informational sessions</i>	25
Male-Abortion Prevention Edu.	5
Abstinence Education <i>counseling or informational sessions</i>	25
Male-Abstinence Education	3
Parenting Information <i>counseling or informational sessions</i>	25
Male-Parenting Information	2

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	2	1	2
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid <i>(NOT certified app. centers)</i>		0	
7 OB/GYN	22	11	14
8 PreMarital/Marriage Counseling	4	2	2
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	23	11.5	13
14 WIC	19	9.5	15
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>	29	58	
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>	2	4	
Follow Up - Pregnancy Decisions	11	22	
Follow Up - Pregnancy Outcomes	8	16	
TOTAL SERVICES	288		46
TOTAL POINTS	167	135.5	46

TOTAL	334
TOTAL	348.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Sep	Date Oct-17
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)</i> <i>For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
9/6/2017	Sids 3.4	17-12483	
9/6/2017	Shaken Baby Syndrome 8.5	17-12483	
9/13/2017	The Basics of Newborn Care 5.2	17-12483	
9/13/2017	Caring for Yourself 5.4	17-12483	
9/18/2017	Third Trimester 4.1	17-12483	
9/5/2017	Postpartum: From pregnancy to parent	17-12488	1
9/5/2017	Elective: Practice w/Model Baby	17-12488	1
9/6/2017	Caring for Yourself 5.2	17-11242	
9/14/2017	Caring & Coping 5.4	17-11242	
9/20/2017	Third Trimester 4.1	17-11242	
9/6/2017	The Basics of New Born Care	17-12460	
9/20/2017	Caring For Yourself 5.4	17-12460	
9/18/2017	What's Safe, What's Not	17-12507	
9/18/2017	Your Developing Baby 1.5	17-12507	
9/18/2017	Your Changing Body 2.5	17-12507	
9/5/2017	Yourself Developing Baby 1.5	17-12521	
TOTALS			2

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Sep	Date Oct-17
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
9/5/2017	Your Changing Body 2.5	17-12521	
9/5/2017	Bonding With Your Unborn Baby	17-12521	
9/5/2017	Sids 3.4	17-12521	
9/5/2017	Shaken Baby Syndorne 8.5	17-12521	
9/12/2017	The Basics of New Born Cae 5.2	17-12521	
9/12/2017	Caring for Yourself 5.4	17-12521	
9/12/2017	Third Trimester 4.1	17-12521	
9/13/2017	Labor 11.1	17-12521	
9/13/2017	Labor 11.2	17-12521	
9/13/2017	Labor 11.3	17-12521	
9/13/2017	Your Healthy Baby 9.2	17-12521	
9/13/2017	Breast Feeding 10.1	17-12521	
9/13/2017	Postpardum: From Pregnancy to Parent	17-12521	
TOTALS		13	0